Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

015-

STATE WATER RESOURCES CONTROL BOARD

		STATE DEPARTM	ENT OF HEALTH SFUND RECORDS CTR
			HAULER OF WASTE (Must be filled by hauler) 999000390
Name A72 (12)	24 1107		ASBURY OIL CO.
Name AL (12) (A4) Pick up Address: (Aumber) (STREET) (CITY)			13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392
(NUMBER) (STREET) (CITY) Telephone Number: (Pick Up: Time:
Order Placed By: Date: 8.5.78			State Liquid Waste Hauler's Registration No. (if applicable):
Other Friced By.			Π · · · · · · · · · · · · · · · · · · ·
Type of Process which Produced Wastes: ALMAN COULDRY			Job No.: Unit No Unit No
(Examples: metal plating, equipment cleaning, oil drilling — GOOM NO. wastewater treatment, pickling bath, petroleum refining)			Vehicle: Descuum truck ZEE Barrels, [] flatbed, [] other
DESCRIPTION OF WASTE (Must be filled by producer)			The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes:			I certify (or declare) under penalty of perjury that the foregoing is true and correct.
1. [] Acid solution	6. [.] Tetraethyl lead sludge	11. Contaminated soil and sand	that the foregoing is true and correct.
2. L. Alkaline solution	7. 🗋 Chemical toilet wastes	12. 🗀 Cannery waste	DISPOSER OF WASTE (Must be filled by (Taposer)
3. 🔝 Pesticides	8. [] Tank bottom sediment	13. 🔲 Latex waste	MA
4. [.] Paint sludge	9. ☐ Oit 10. ☐ Drilling mud	14. Dylud and water	Name (print or type):
5 [] Solvent	10. 🗌 Drilling mud	15. 🔲 Brine	Site Address:
Other (Specify)	in the second second		The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and
		Concentration:	local restrictions.
			Quantity measured at site (if applicable):State fee (if any):
			Handling Method(s):
			□ recovery
2			treatment (specify):
			treatment (specify): EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO. disposal (specify): pond spreading landful jnjection well
4			Oother (specify):
5.			If waste is held for disposal elastic pers specify sinal location:
			Disposal Date:
Hazardous Properties of Waste:			
pH Trione toxic flammable corrosive explosive			I certify (or declare) under penalty of politry that the foregoing is true and correct
			ALMATURE OF AUTHORIZED AGENT AND TITLE
Bulk Volume: 100	gal 🗌 tons 🗍	barrels (#2 gal.) Other [SPECIFY]	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers:	drums cartons	bags Other(specify)	·
Physical State:	solid [] fiquid []	sludge other	
Special Handling Instructions (if any):			KG9 1 319
			•
The second secon	bank at many stations and to many their		
The waste is described to the applicable).	DEST OF MY BUILTY BUG IT WAS DELIVER	red to a licensed liquid waste hauler (if	
I certify (or declare) under pe that the foregoing is true and		N.	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.
	SIGNATUR	E OF AUTHORIZED AGENT AND TITLE	D.O.T. Proper Shipping Name

DISPOSAL STATE CODY